



Building a Healthier King County:

A Forum at the Intersection of Community Development, Health and Human Services



King County

December 3, 2013



#healthierkc

Agenda

Facilitator:

Chrissy Russillo, Chief of Staff, Public Health-Seattle & King County

1. Welcome
2. Better Together for a Healthier King County
3. Panel Discussion: Working in the Intersection
Lunch
4. Work Session: Surfacing Projects that Move from Concept to Action
5. Organizing for Action
6. Closing Remarks

A decorative graphic on the left side of the slide consists of a 6x3 grid of colorful squares. Each square contains a stylized, raised hand. The colors of the squares and hands are: purple, lime green, and magenta in the first column; orange, blue, and yellow in the second column; and yellow, orange, and red in the third column. The hands are raised in various orientations, some pointing up, some slightly to the side.

People who:

- Mobilize neighbors
- Provide housing
- Run youth and family programs
- Support older adults
- Offer spiritual guidance
- Deliver health care and behavioral health services
- Make system changes for a healthier population
- Create the built environment
- Improve community capacity
- Increase economic opportunity
- Influence and make policies

twitter

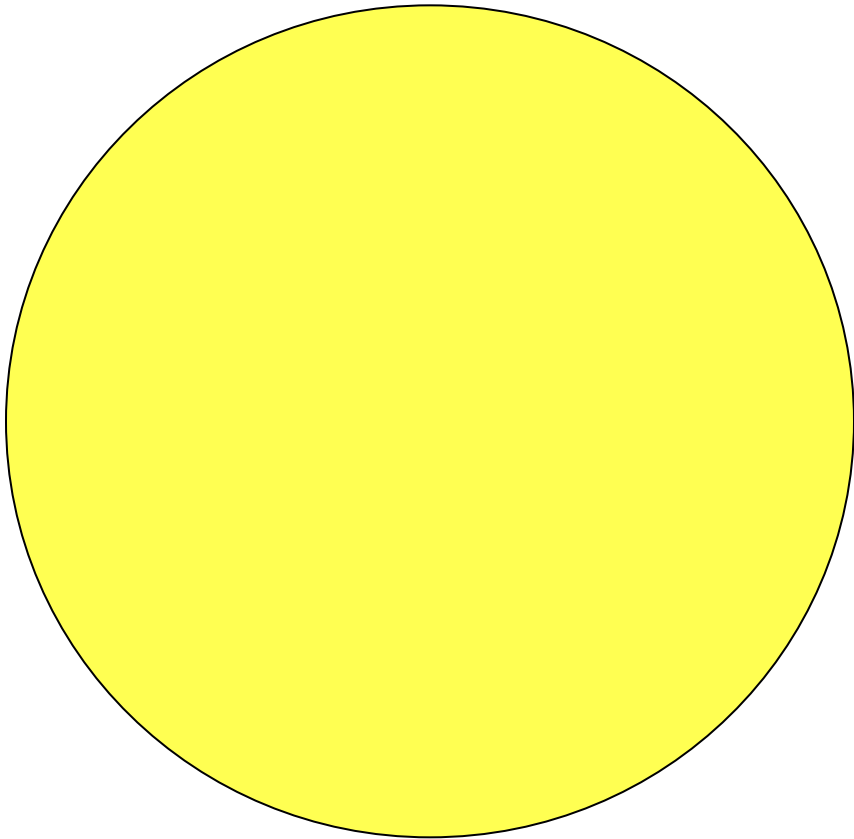


Why we are here

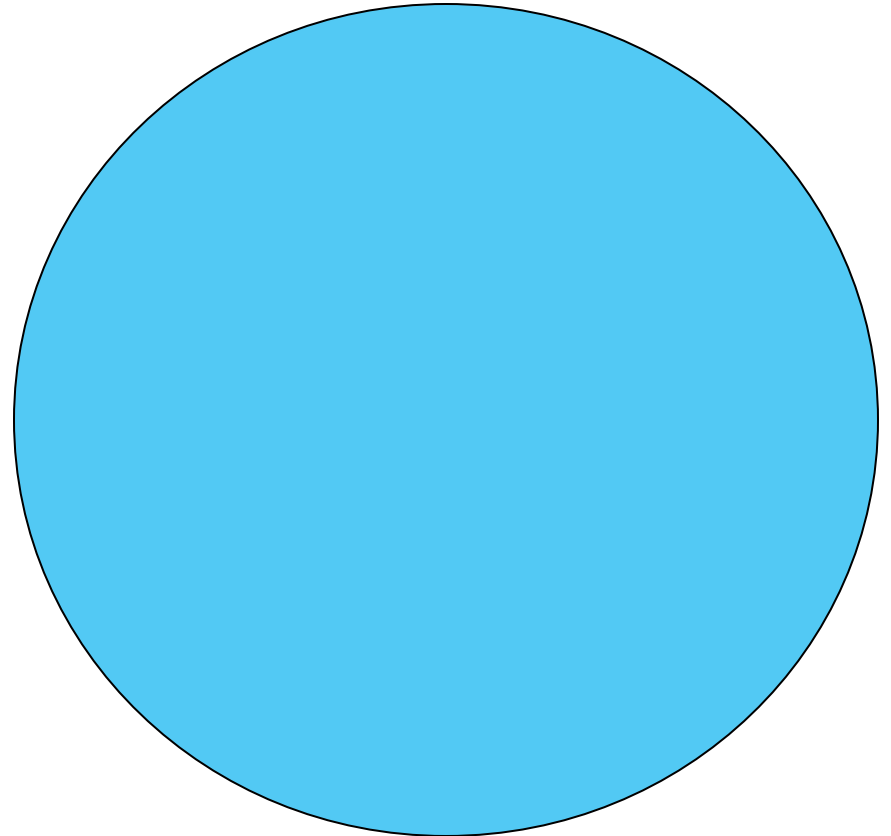


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**Health and
human services**

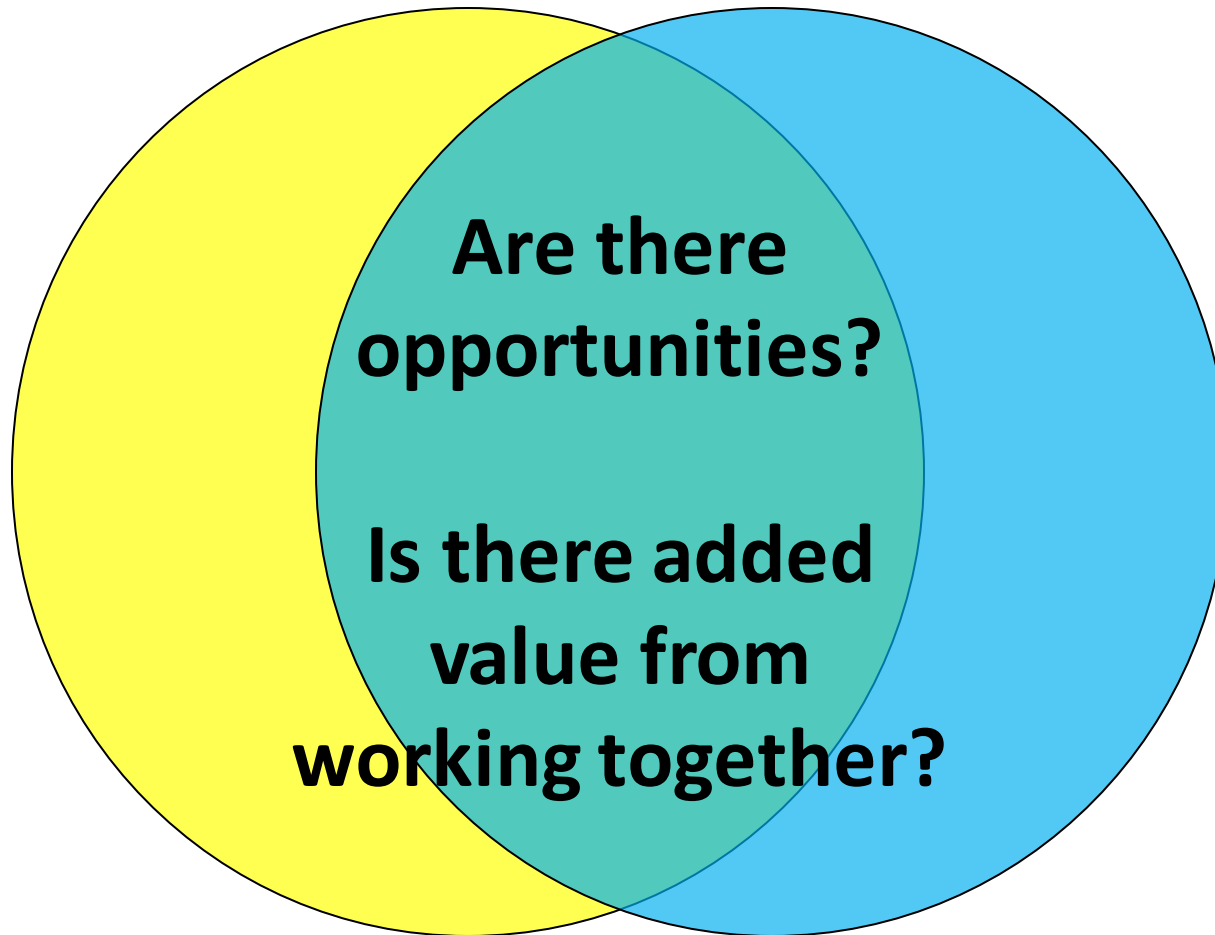


**Community
development**



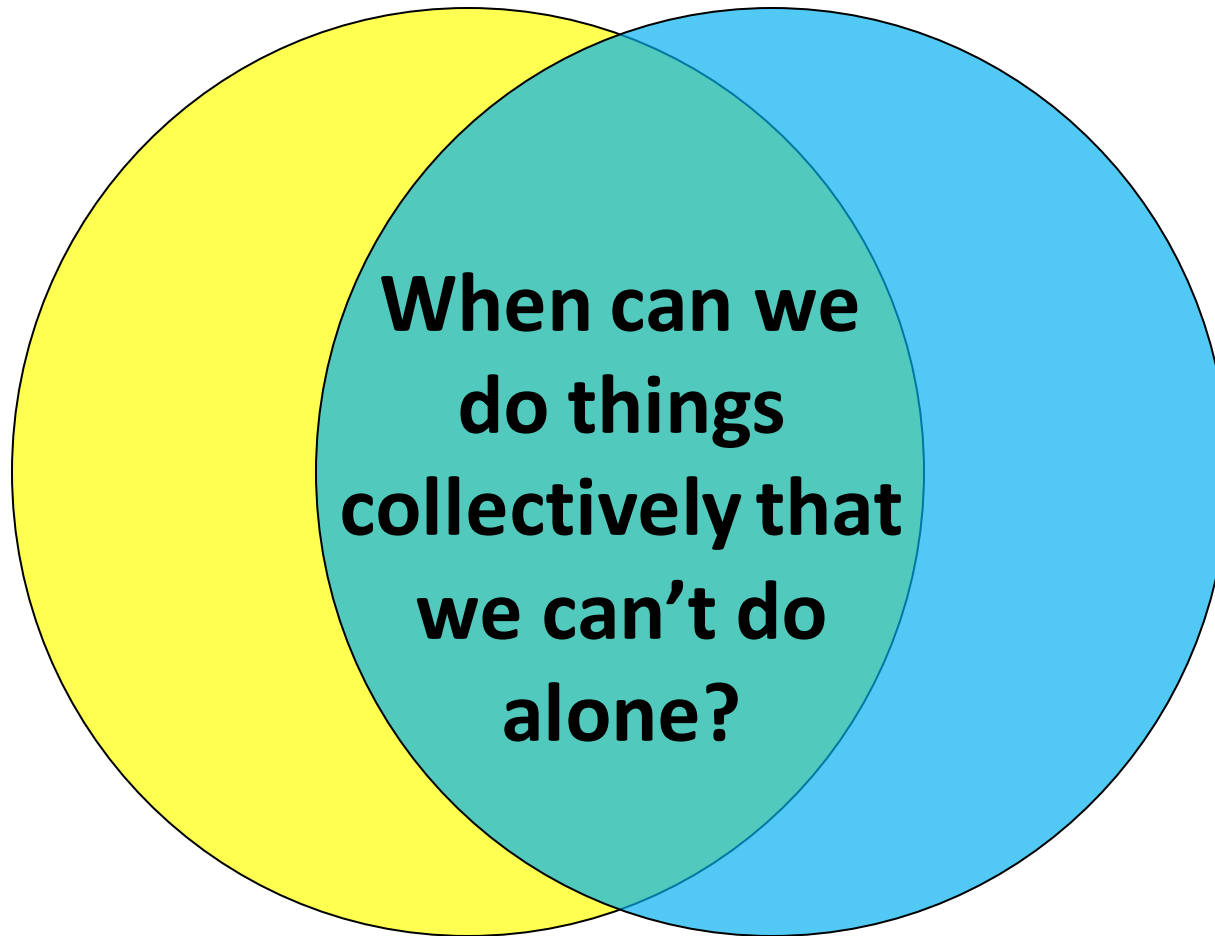
**Health and
human services**

**Community
development**



**Health and
human services**

**Community
development**



Converging Sectors for a Healthier King County

- Health and well-being lens:
David
- Community development lens:
Adrienne
- When are we better together:
John
- Emerging health financing opportunities:
David





Leading causes of death and disability

Cancer

Heart disease

Alzheimer's disease

Stroke

Injuries

Chronic obstructive pulmonary disease

Depression

Diabetes

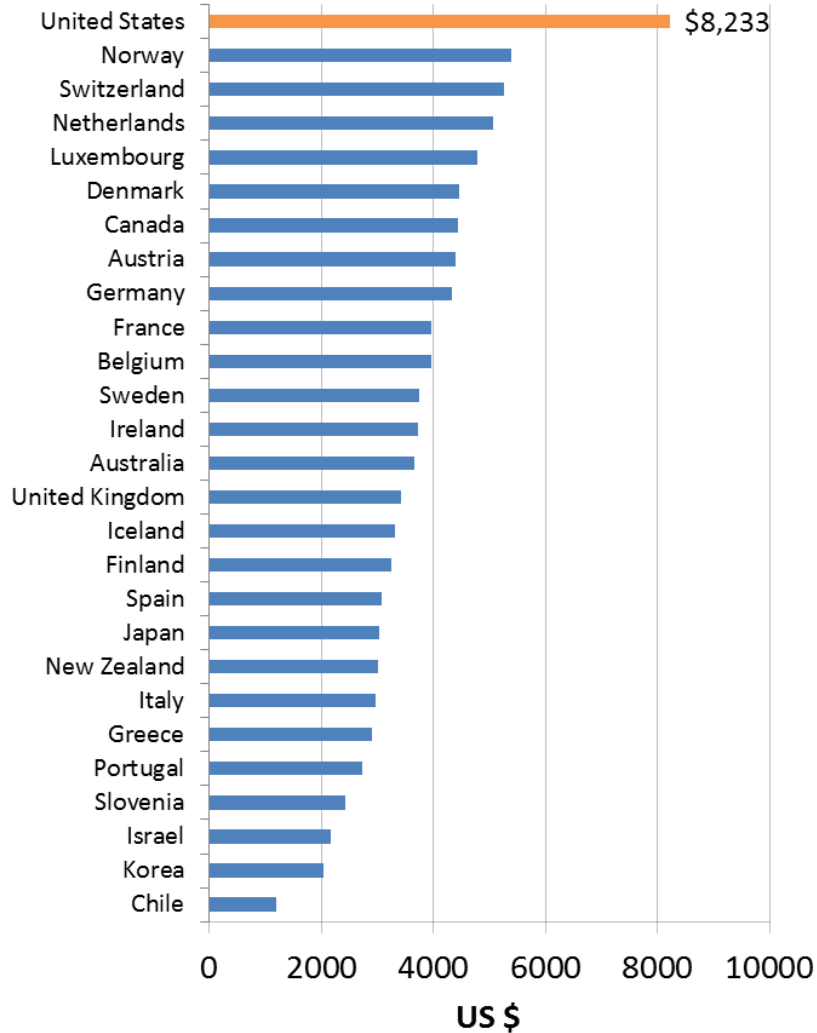
Suicide

Flu and pneumonia

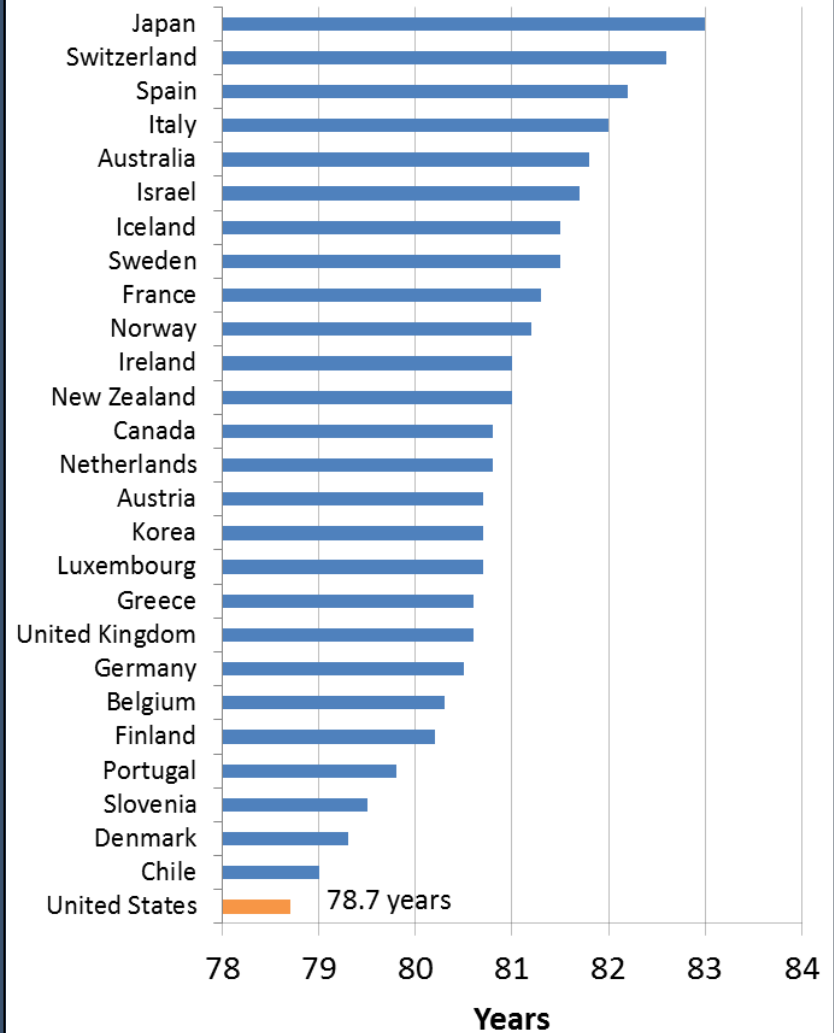
Liver disease and cirrhosis

We are doing something wrong

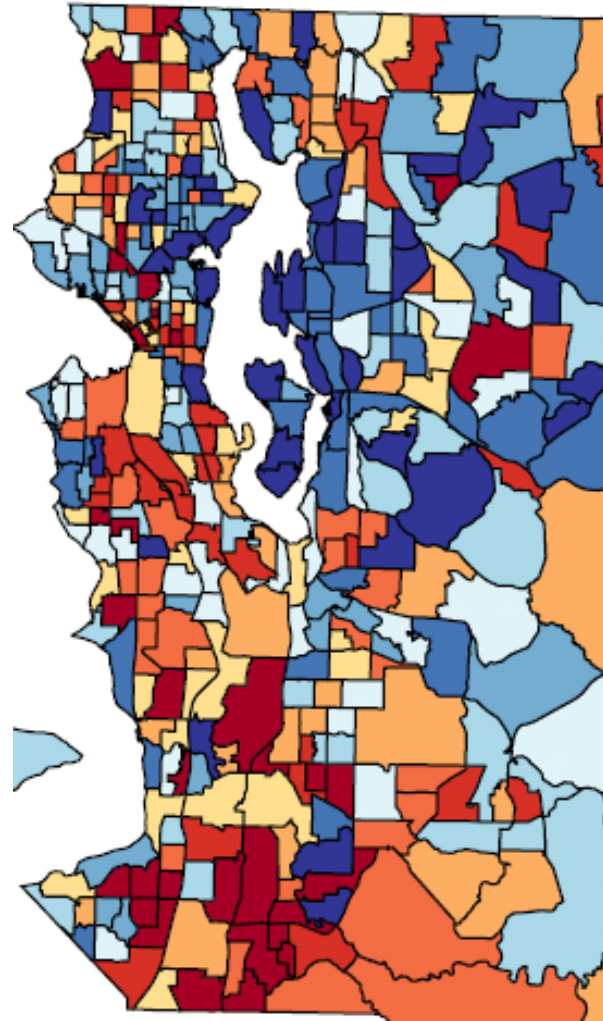
Spending on Health Care



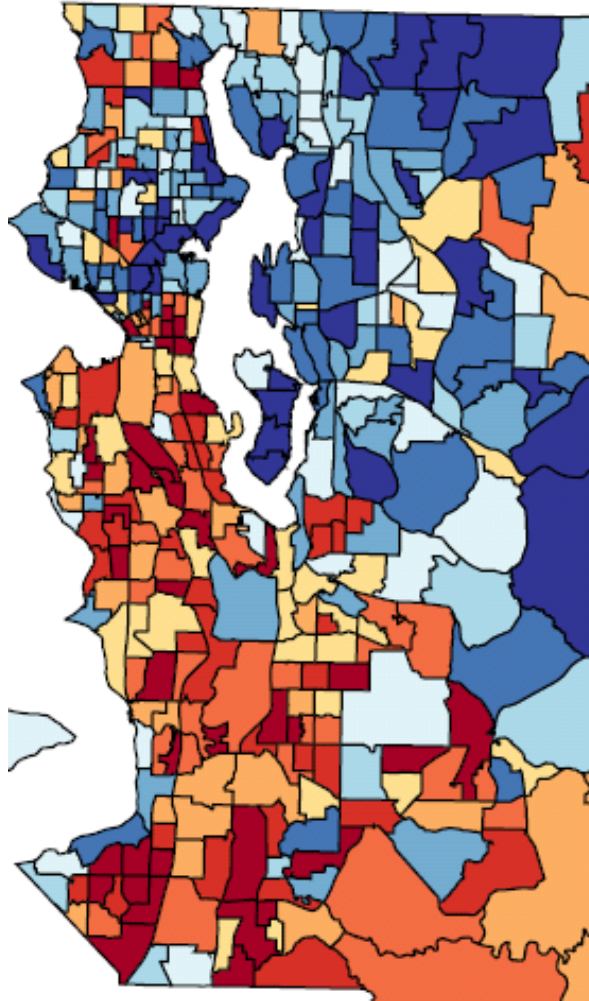
Life Expectancy



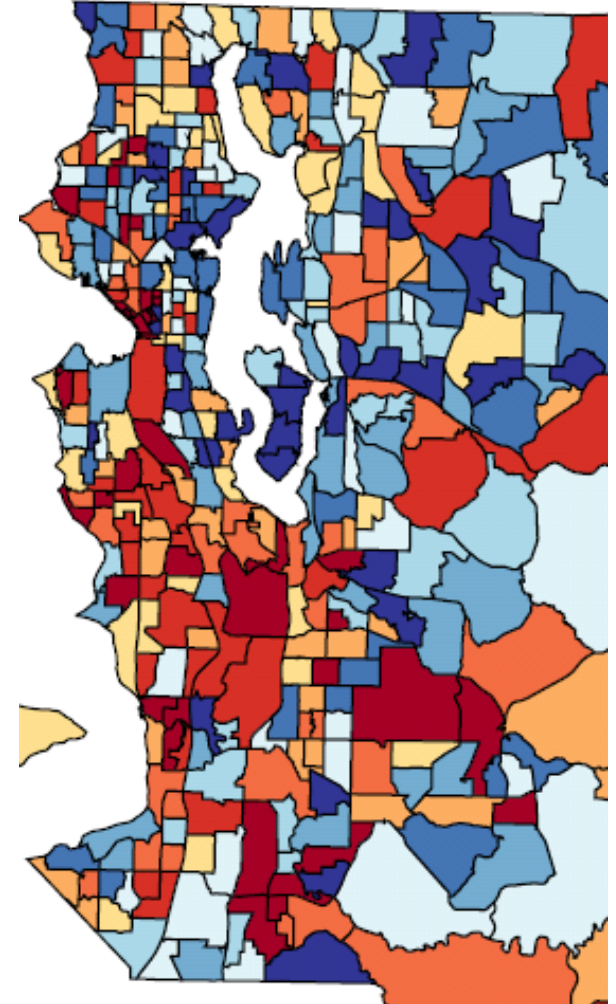
Place and death



**Heart disease
deaths**



Diabetes deaths



**Alcohol-related
deaths**

What actually kills and disables us

Tobacco use

Poor diet

Physical inactivity

Alcohol consumption

Toxic agents

Motor vehicle

Firearm use

Sexual behavior

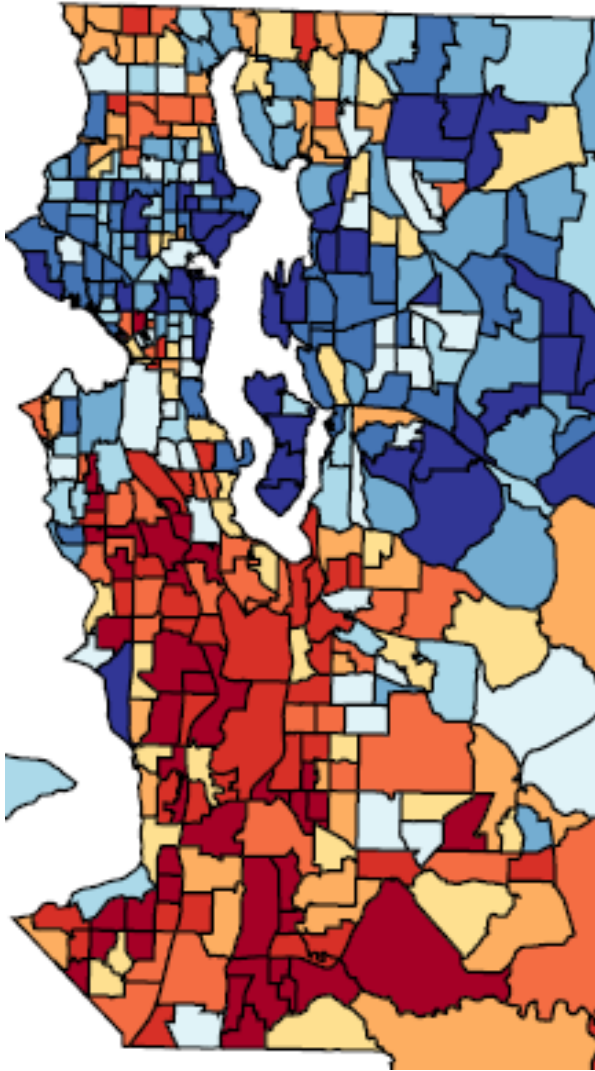
Drug use

Adverse childhood experiences

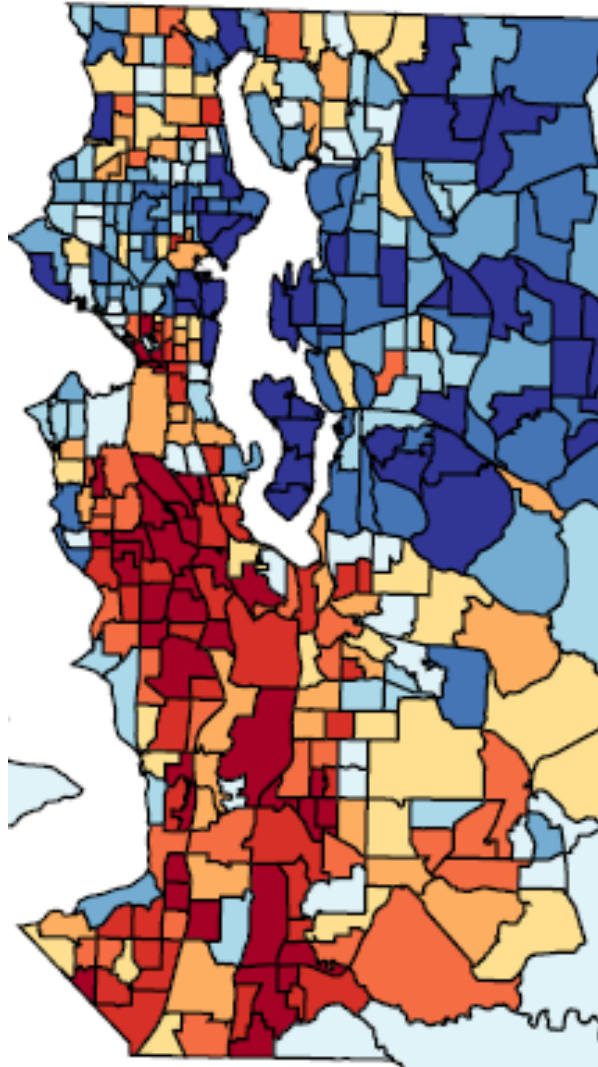
Definition: Underlying contributors to the leading causes of death and disability



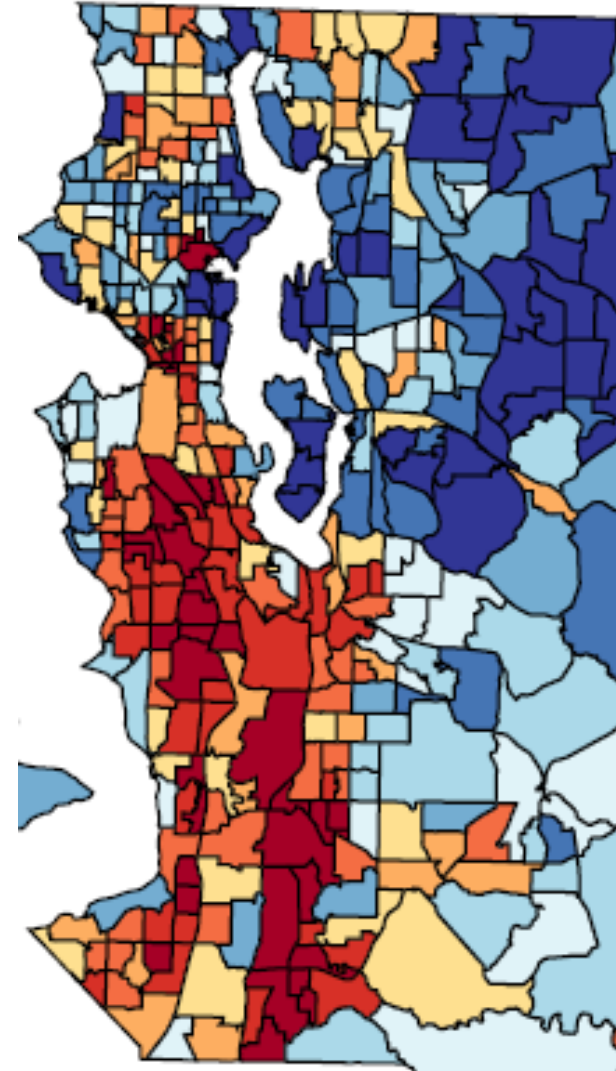
Place and actual cause



Obesity

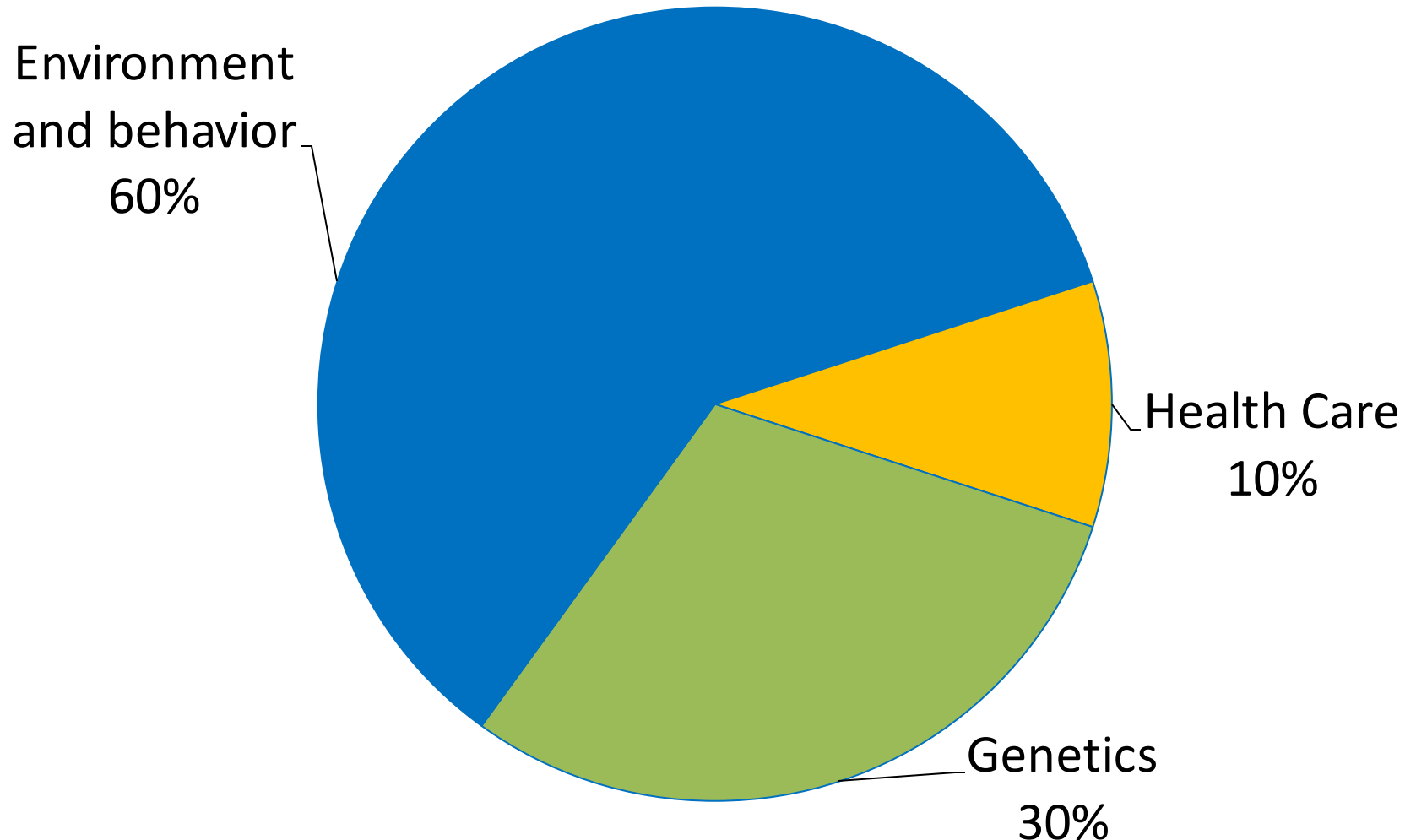


Smoking



**Frequent Mental
Distress**

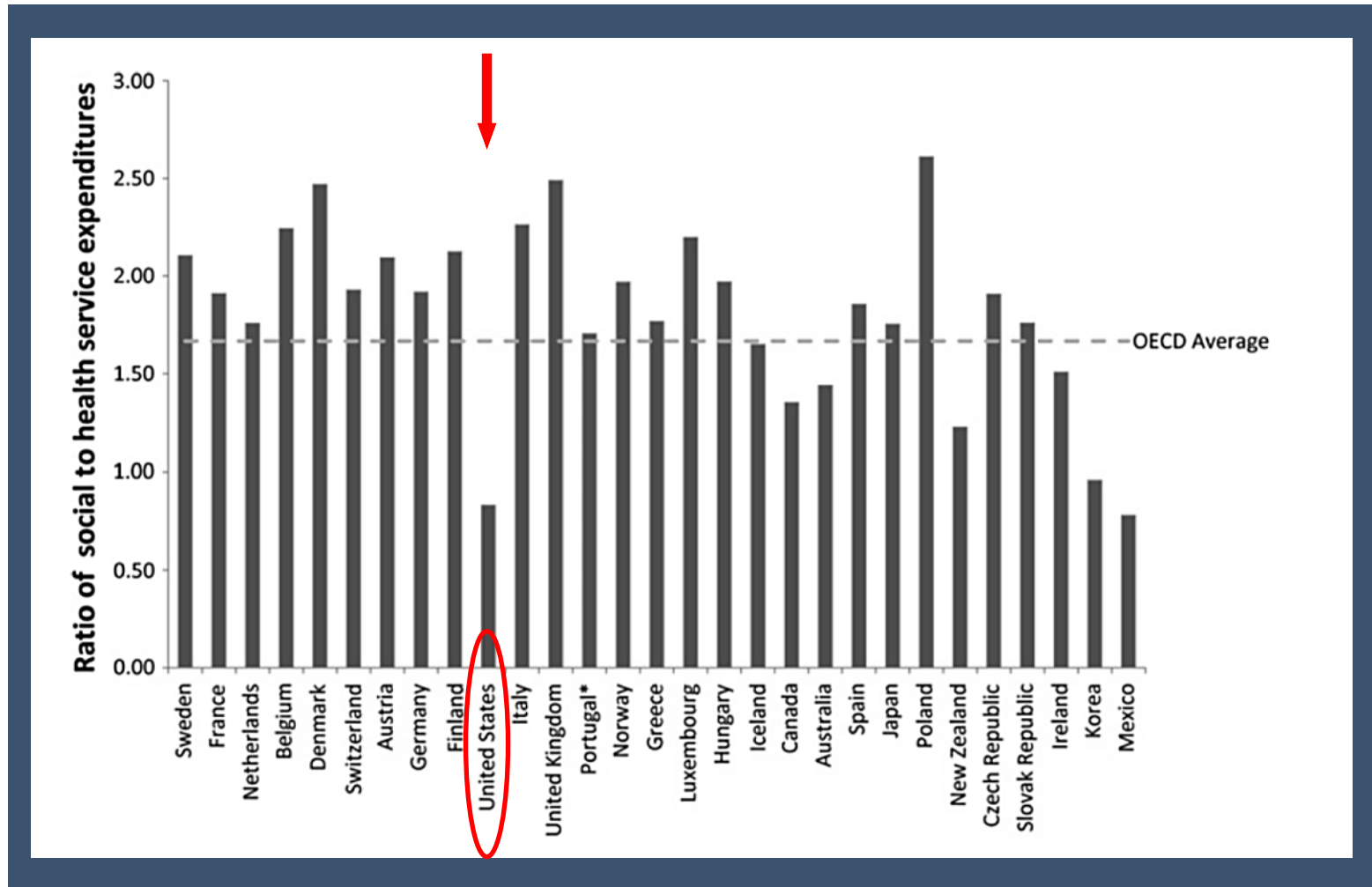
What determines health?



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Source: *New England Journal of Medicine*. We Can Do Better Improving the Health of the American People, Sept. 2007

Ratio of social to health services spending by country



Source: *BMJ Quality & Safety*. Health and social services expenditures: associations with health outcomes, EH Bradley, BR Elkins, J Herrin, B Elbel, March 2011

Health and well-being

Asthma, lead poisoning

Poor diet, diabetes, heart disease

Obesity, heart disease, injury

Stress, mental health, adverse childhood experiences

Lack of clinical preventive care, dental, mental health, chemical dependency treatment

Adequate income

Community features

Housing

Food availability

Transportation

Social cohesion

Health care & social service access

Employment

What can community development do?

- Build affordable housing
- Provide capital to small business
- Build social capital / empower community
- Finance community facilities—
community centers, clinics, shelters
- Coordinate and harmonize multiple funding
streams including capital markets
- Financial empowerment
- Help facilitate cross-sector interventions that
build on local knowledge



Community development issue

Financial stress, inadequate shelter

Food deserts, economic vitality

Connection to jobs, affordability, lack of community and amenities

Safety, disenfranchisement, lack of community and self-identity

Lower productivity, lack of basic services

Lower incomes, unmet needs

Community features

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King County is home to many great place-making examples

- Always improving this work
- Creating national models
- More health features getting woven in
- More community driven and community-led processes





Community Development: Beyond affordable housing & buildings

The services and circumstances needed to enable people to work toward self-sufficiency

- Can be geographically oriented
- Can be culturally specific
- **Who or what entities undertake Community Development in King County?**



Community Development in King County:

1. Planning and creating the entire development
King County Housing Authority – Greenbridge
2. Partnering in a larger development
YWCA Family Village Issaquah
3. Urban infill
Interlm Community Development Association

1. King County Housing Authority's Greenbridge in White Center



Mixed Income “green” community with open spaces and parks for 3,000 people



New paths and trails link residents to the community center and White Center's commercial core.

Greenbridge

- *Education opportunities:* White Center Heights Elementary School and Jim Wiley Community Center, Educare Early Learning & Head Start Center, YWCA Adult Learning Center, King County branch library
- *Services:* Neighborhood House, Boys & Girls Club, financial literacy training, non-profit credit union, food bank, clothing exchange



2. YWCA's Issaquah Family Village



146 Apartments in Issaquah Highlands for working families, people with disabilities and retirees

Large planned community with Swedish Medical Center, Safeway, entertainment, recreation and mixed income housing

YWCA Issaquah Family Village: Healthy Community Attributes

- Parenting classes
- Computer education
- Financial planning courses
- Counseling services provided by licensed therapist for adults
- Community meeting and outdoor gathering spaces
- LEED Silver and Built Green Standards
- Pedestrian bridge to transit station
- High-quality, subsidized child care center



3. InterIm CDA Seattle Chinatown/ International District



InterIm CDA Seattle Chinatown/ International District

- Multi-lingual, culturally competent housing and community building services to Asian, Pacific Islander, and immigrant and refugee communities
- Safe, healthy homes for 730 individuals
- 6,000 case managers visits with 1,350 clients facing eviction, personal crisis or job loss to find housing options
- Solace Program: transitional housing program for immigrant and refugee families
- Danny Woo Community Garden program for 70 elderly gardeners and 70 neighborhood children, with 350 volunteers





Community development struggles

- Matching place-making work to the communities with the most to gain
- Lack of measurement clarity on which investments make the most difference
- Limited funds for people and places
- Lack of “intentionality” around where and how to co-invest to improve health

Transforming King County's Health & Human Services Systems

Community level

Individual level



Health care access

Medical services

Youth & family supports

Employment

Housing

Mental health & substance abuse services

Legal help

Food availability

Social cohesion

Crisis services

...And more

...And more

Case management

Transportation system

Parks and places for exercise

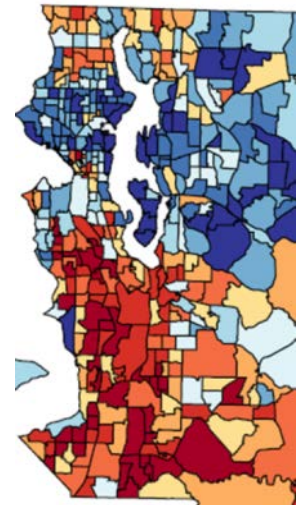
Transformation Plan: Improve *Overall* System Performance & Accountability

Focus first on the people & places that most need the system to perform well

**Improve outcomes
for high cost
marginalized people**



**Improve outcomes
in communities with
much to gain**

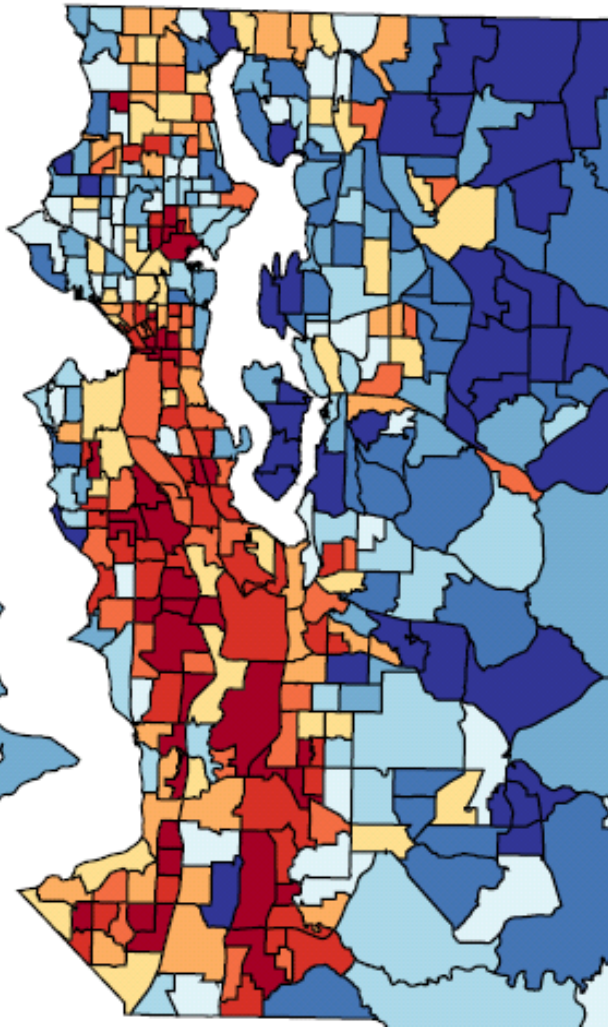




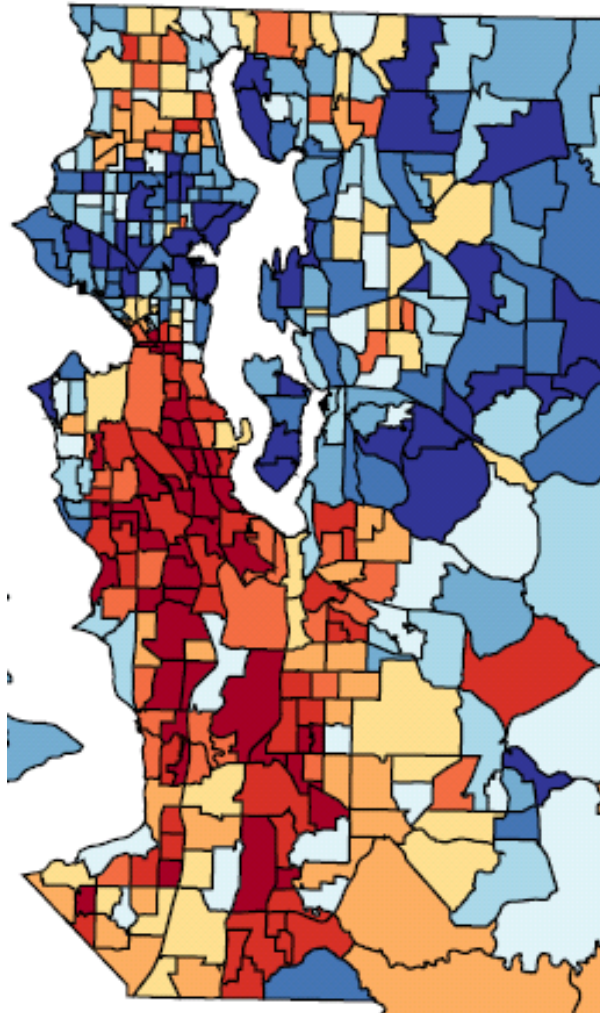
**US poverty rates
have remained the
same since the 60's
war on poverty.**

A Static Needle

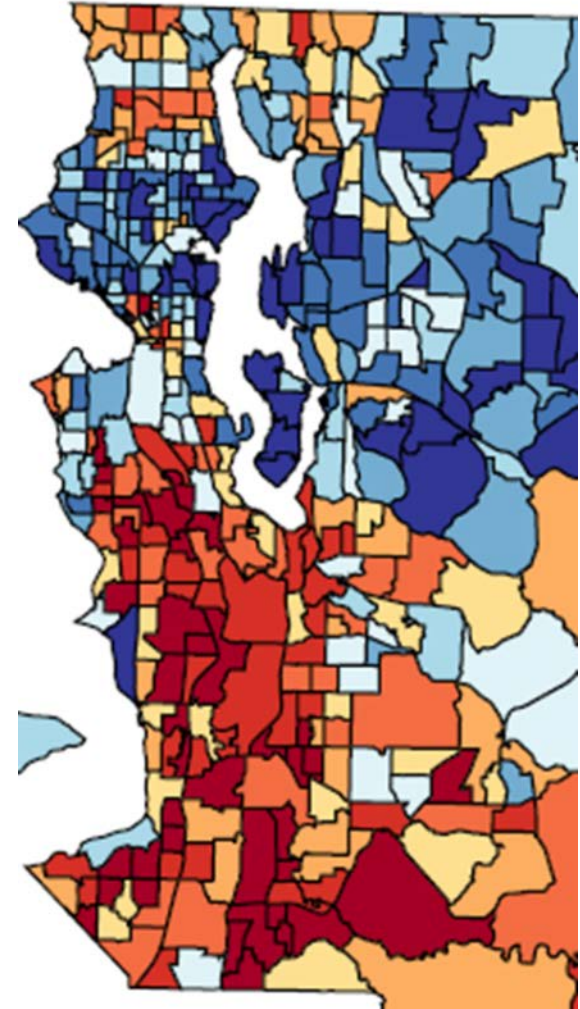
Same communities, two worlds



**Income < 200%
poverty**



**No high school
degree**



Obesity

A New Approach Needed

Perhaps one of the most promising new partners in community development is the health care sector. Factors such as educational attainment, income, access to healthy food, and the safety of a neighborhood tend to correlate with individual health outcomes in that neighborhood. Because these factors are linked to economic health as well as physical health, health care professionals and community development organizations are seeing new opportunities for cooperation in low-income communities.

--Ben Bernanke, Chairman of the Federal Reserve Board of Governors, 2013, "Creating Resilient Communities"



Community feature

Where we are “better together”

Housing

Asthma-free homes and supportive housing

Food availability

Food hubs that sell healthy foods and provide jobs

Transportation

Transit, pedestrian & bike friendly infrastructure

Social cohesion

Design features of built space, porches, community centers, parenting classes

Health care & social service access

Development and financing of community health, dental, behavioral health centers

Employment

Diverse workforce, cultural competence, community health workers

Community Development Funding Basics

- **Equity** – Money that takes ownership stake in an investment
- **Grant** – Provides critical subsidy, has programmatic objectives, and no repayment
- **Debt**
 - Need to have repayment source
 - Need to provide collateral



Different Forms of Money and Roles

Transit-oriented Affordable Housing
\$50 million

Interest Rate

Variable

25

Senior Lender

Up to 7.25%

8.5

CDFI

2.87%

6.5

Philanthropic

0%

10

Government

Aggregate Capital

Large capital pool formed from multiple funding sources

Blend Capital

Each capital source charges a different rate, producing a *blended* rate for borrowers from the fund

Mitigate Risk

Attracts private capital by prioritizing repayment to the senior lender

Collective Action



Mapping Our Sectors

Sector

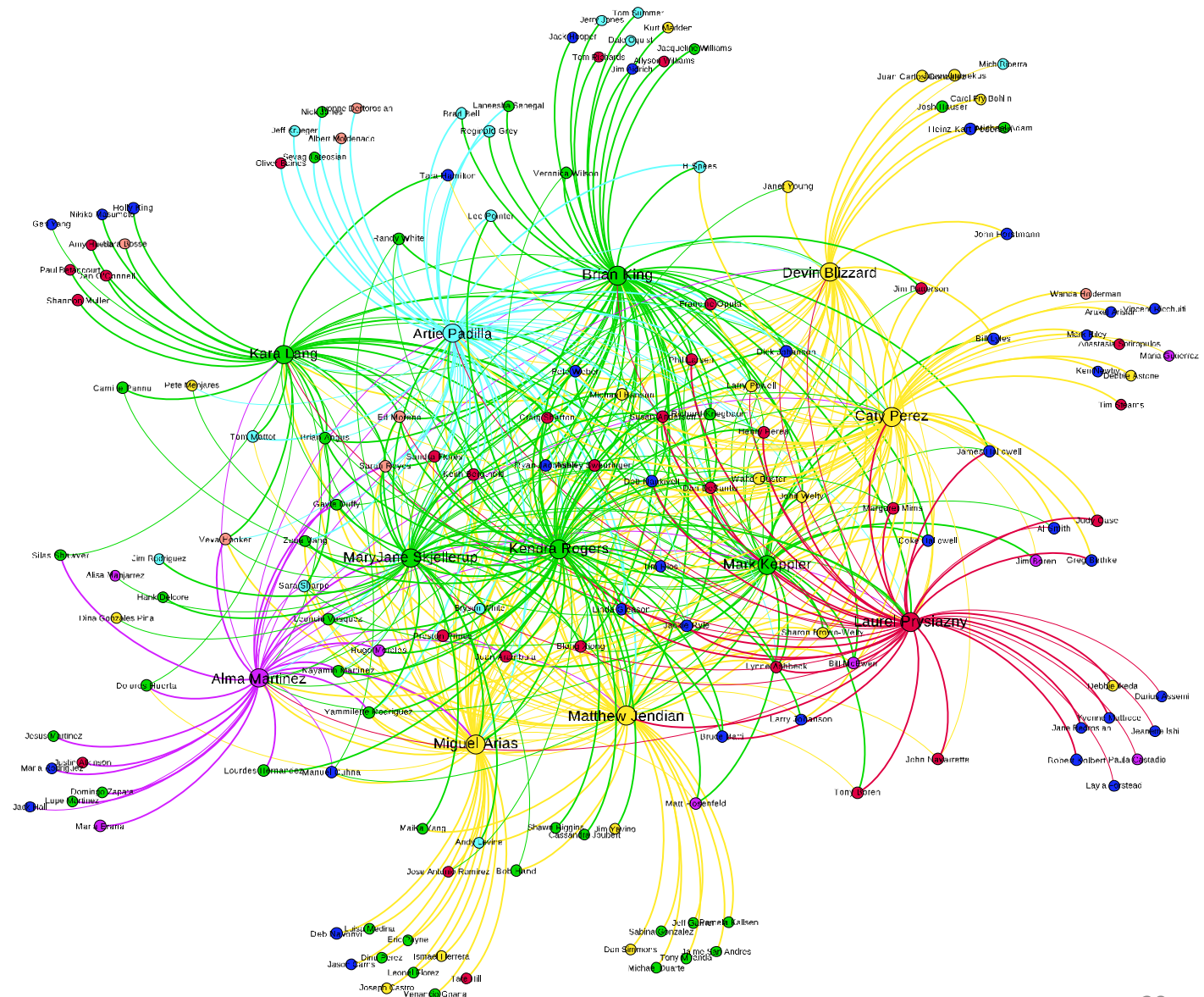
Government

Human
services

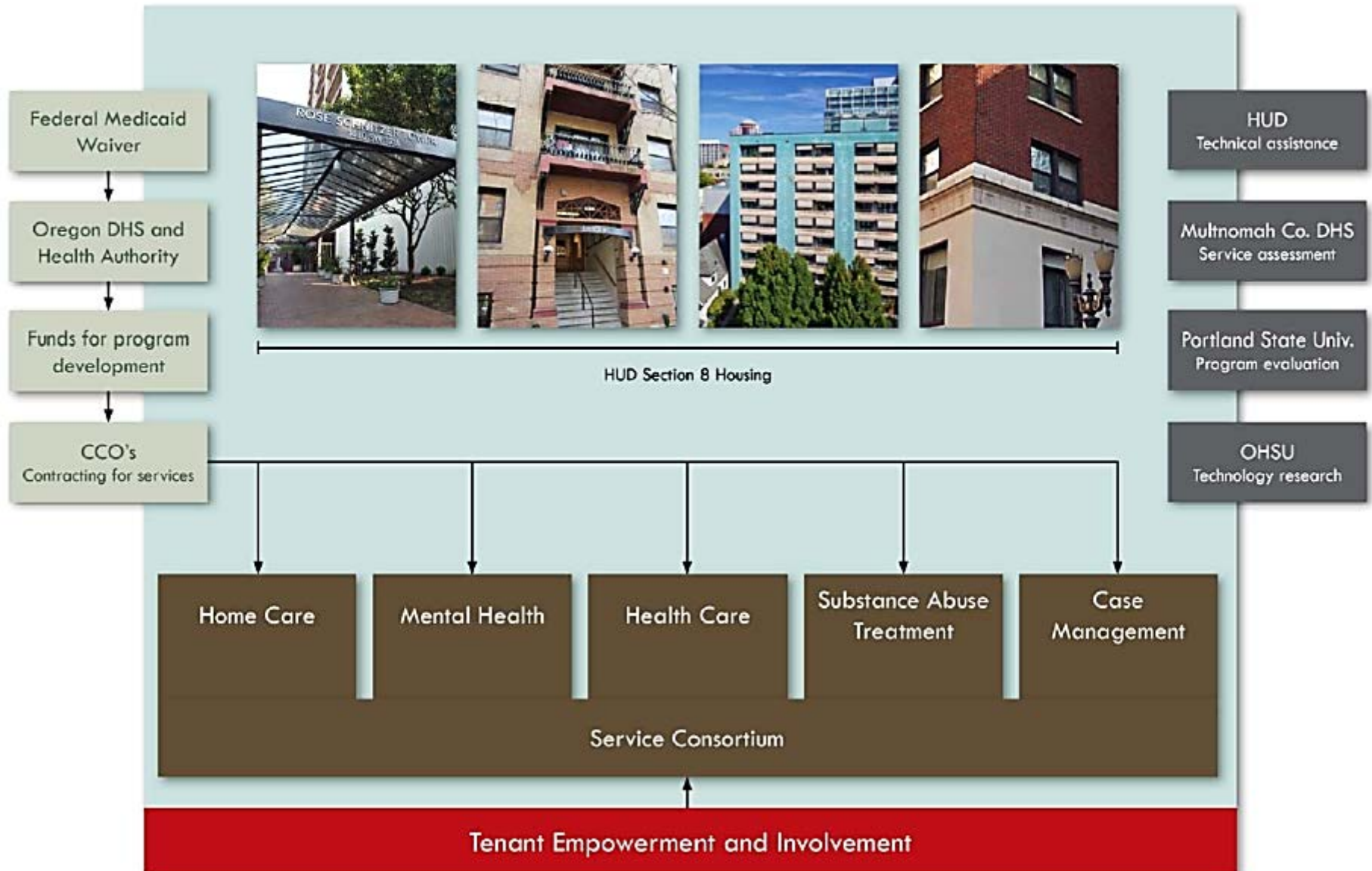
Community
development

Hospitals

Philanthropy



HOUSING WITH SERVICES MODEL

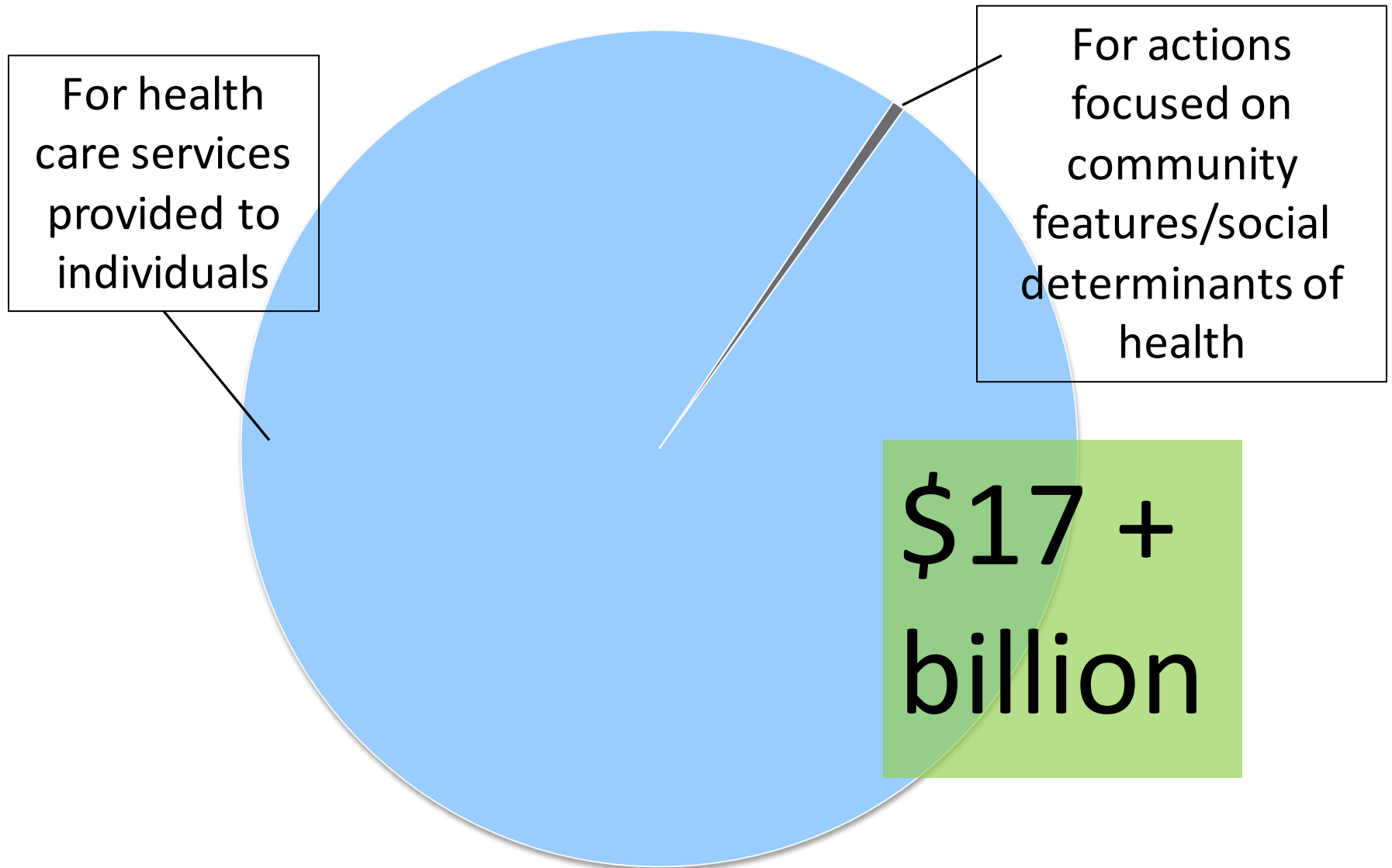




Considering Assets

1. Community linkages
2. Organizational capacity
3. Expertise
4. Leadership
5. Money

The Health Care Dollar Pie



Making the “community” slice bigger

1. Expand permissible use of current \$
2. Share savings
3. New dedicated trusts/funds
4. Hospital community benefit



1. Expand permissible use of \$

Recent changes to rules and state-specific waivers expand what can be covered using Medicaid state and federal funds

Examples include:

- Community Health Workers
- Oregon global budget resources are allowed to support proven community prevention efforts



2. Share Savings

When innovative strategies yield cost savings, some of these may be re-invested to support upstream prevention activities

Examples:

- Savings from New York's Medicaid redesign work will be reinvested in new care models, permanent supportive housing and community-based prevention
- Hennepin Health has funded a sobering center, interim housing, behavioral health continuum and vocational services

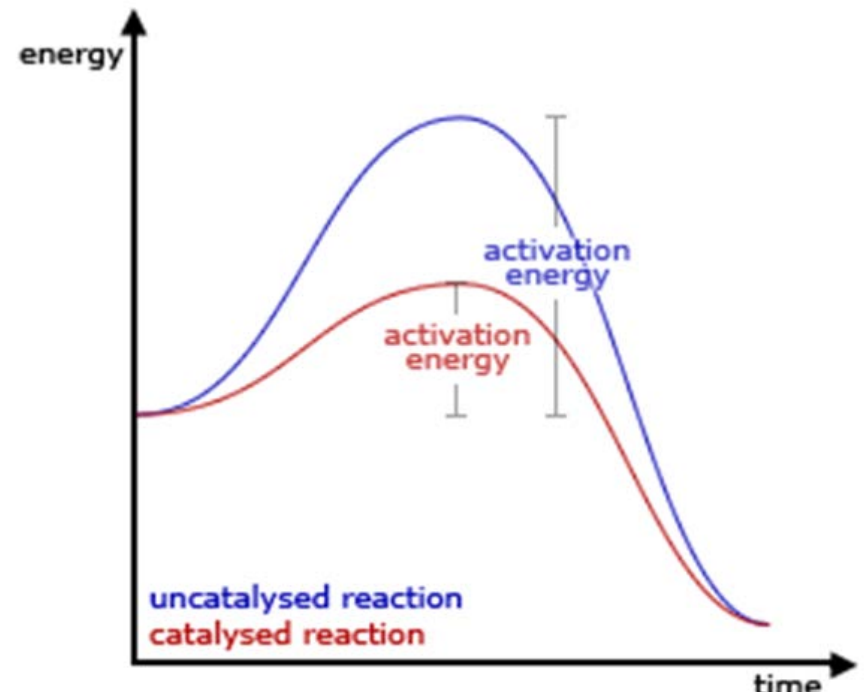


3. New dedicated trusts/funds

New funds created to enable investment in prevention, including at the community level

Examples:

- Federal Prevention and Public Health Fund
- Massachusetts Prevention and Wellness Fund
- State proposed Transformation Fund in Innovation Plan
- King County Catalyst Fund



4. Hospital Community Benefit

Charitable services provided by non-profit hospitals for federal tax-exemption

- Charity care including Medicaid, community health improvement services, research and other

First round of needs assessment and improvement plans focus on:

- “Actual causes” of death
- Access to care
- Maternal-child health
- Injury and violence prevention
- Behavioral health

Next round will be conducted jointly in King County
Updates required every three years

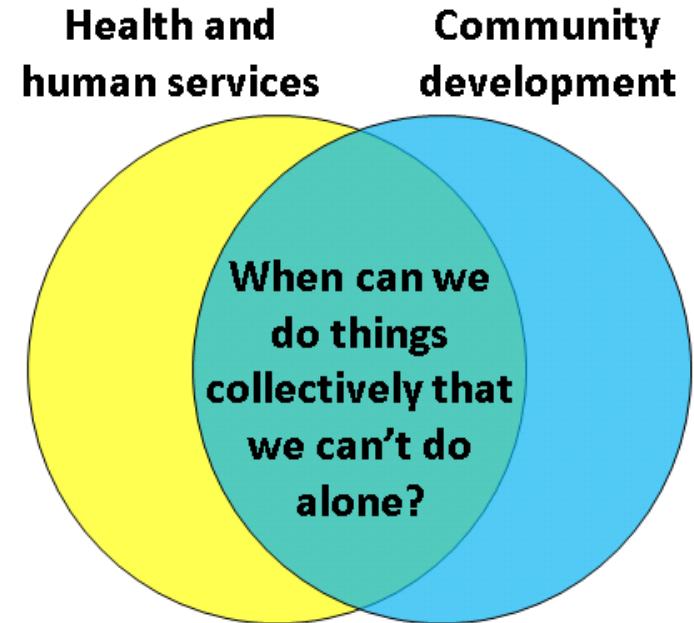
2-Step Summary

Step 1

- When do we cheer each other on?
- When do we engage because the transaction costs of working together are lower than the benefits of collaboration?

Step 2

- Focus on place-based work in the neighborhoods with the most to gain
- Gain traction through early successes/low hanging fruit
- Develop a mechanism for ongoing learning, collaboration and community engagement
- Identify and track key outcomes



A close-up photograph of two hands clasped together in a firm grip. The hand on the left is light-skinned, while the hand on the right is dark-skinned. The dark-skinned hand is covered in various colorful paint splatters, including blue, orange, yellow, and red. The background is a solid, deep purple. The word "Questions" is written in large, white, sans-serif font across the center of the image.

Questions

Agenda

Facilitator:

Chrissy Russillo, Chief of Staff, Public Health-Seattle & King County

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